BEST AVAILABLE COPY



**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

						·							
			AIMS AS FILED - PA (Column 1)			(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
FOR			NUMBE	JMBER FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE										345.00	OR	W. S. C.	690.00
TOTAL CLAIMS			ff minus 20=			. 20			X\$ 9=		OR	X\$18=	432
IND	EPENDENT CL	AIMS	/ minus 3 =			9			X39=		OR	X78=	7.02
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	1921	
CLAIMS AS AMENDED - PART II								OTHER THA					
	(Column 1) (Column 2) (Column 3)						SMALL		OR	SMALL			
ENT A	A	REMA AF	AINING TER DMENT		N PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	. 4	9	Minus	**	44	= 5		X\$ 9=		OR	X\$18=	90
	Independent	· j	3	Minus	***	12	= ]		X39=		OR	X74±	94
Ľ	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEF	PEND	ENT CLAIM			+130=		OŖ	+260=	
								_ _	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	174
		(Colu	ımn 1)		(C	olumn 2)	(Column 3)	. ^					,
AMENDMENT B	B	CLAIMS REMAINING AFTER AMENDMEN			PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 3	5	Minus	** \	49	=-0		X\$ 9=		OR	X\$18=	
	Independent			Minus *** CULTIPLE DEPENDENT		ENT CLAIM	=~-		X39=		OR	X78=	
	TINOTTRESE	.NIAIIC		JETH LE DE	LIND	CITY OLANG		1	+130=		OR	+260=	
							•	A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	-6
L_	· · · · · · · · · · · · · · · · · · ·		umn 1)	<b>.</b>		olumn 2)	(Column 3)	1			_		
AMENDMENT C		REM AF	AIMS AINING TER IDMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. ′	39	Minus	**	49	= <b>O</b>		X\$ 9=		OR	X\$18=	
	Independent	. (	1	Minus	•••		= +)	<b>!</b>	X39=		OR	X78=	
Ĥ	FIRST PRESENTATION OF MULTIPLE I			ULTIPLE DE	PEND	ENT CLAIN	1	յ ի			1	<u> </u>	ļ
	If the entry in colu	mn 1 ie l	ass than ti	he entry in colu	ımn 2	write "0" in o	olumn 3.	L	+130=		OR	+260=	<del></del>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

## This Form is for INTERNAL PTO SE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	9/513489
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		Total Fee	: Calculation	a		
	Fee Cade	Tacif # Claum.	Somber Exten X	Fee	Fee.	- Total
Bute Filing Fee  Total Claims >20  Independent Claims >1  Mult, Dep Claim Present Surcharge English Translation  TOTAL FEE CALCULA  Fees due upon filing to	205/103 (130 ATION	12 :-	24 x 9 x	S.a. Eaury	Le Eaury	. 690 . 432 . 702 
Total Filing Fees Due	= 5	195	4,00			
Less Filing Fees Subm	ined - \$	~				
BALANCE DUE	= \$		54, vd			
Office of Initial Paters	Actus Examination					
CORN OURS BANK OF CR		Ligo	ire 7			

FORM OIPE-RAM-01 (Rev. 12/97)